

sum of (4)	4,845,855	Patcom ATB Balance
sum of (5)-	6,458,793	Invision ATB Balance
53-456	2,743,240	Invision IH & DNFB Balance
53-450	14,047,888	Total G/L Balance

BUCKS COUNTY HOSPITAL
INPATIENT BAD DEBT RESERVE PERCENTAGES

CLASS	INHOUSE & DNFB	0-30/ FINAL BILL	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
(2)										
A MEDICAID	0%	0%	5%	5%	10%	10%	25%	75%	100%	100%
B BLUE CROSS	0%	0%	2%	5%	5%	10%	25%	60%	70%	70%
C COMMERCIAL	1%	1%	3%	6%	10%	15%	25%	35%	50%	75%
D DIRECT CONTRACTING	1%	1%	5%	10%	15%	20%	30%	50%	75%	75%
F CHARITY CARE	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
H HMO (USHC/KHPE)	0%	0%	5%	5%	10%	10%	25%	40%	50%	90%
I PATIENT CONTRACTS	50%	50%	50%	60%	60%	70%	70%	80%	90%	100%
M MEDICARE	0%	0%	2%	5%	8%	10%	20%	40%	60%	90%
N MANAGED MA	0%	0%	5%	5%	10%	10%	25%	40%	50%	90%
P PPO-PREFERRED PROVIDER	0%	0%	5%	10%	15%	25%	30%	40%	50%	90%
U SELF PAY	50%	50%	50%	50%	50%	50%	70%	80%	90%	100%
W WORKERS COMP/NO FAULT	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

CL 000998

EXHIBIT 0111

BUCKS COUNTY CAMPUS
OUTPATIENT BAD DEBT RESERVE CALCULATION
06/30/96

Note: The reserve calculation below is based on the aged by last payment date methodology.

PBC

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
	(1)*(2)*(4)=									
A MEDICAID	4,104	0	450	479	363	348	992	1,472	0	0
B BLUE CROSS	15,576	0	1,428	1,358	1,649	2,190	5,020	3,931	0	0
C COMMERCIAL	44,697	1,718	4,259	4,742	4,420	7,707	10,037	11,812	0	0
D DIRECT CONTRACTING	0	0	0	0	0	0	0	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	189,342	0	43,447	34,430	33,422	17,220	25,580	35,028	0	215
I PATIENT CONTRACTS	2,943	1,540	113	533	758	0	0	0	0	0
M MEDICARE	19,135	0	1,928	1,781	1,084	1,016	4,241	9,085	0	0
N MANAGED MA	15,657	0	2,252	2,328	3,454	1,286	3,650	2,687	0	0
P PPO-PREFERRED PROVIDER	54,209	0	4,213	4,685	9,876	11,116	10,768	13,555	0	(5)
U SELF PAY	399,510	67,055	70,503	55,800	69,564	43,809	50,682	42,045	0	50
W WORKERS COMP/NO FAULT	33,061	1,291	3,086	4,253	3,408	6,261	8,034	6,729	0	0
REQUIRED RESERVE	778,234 (5)	71,605	131,680	110,389	127,998	90,953	119,004	126,345	0	260

Note: The reserve calculation below is based on the aged by registration date methodology.

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
	(3)*(2)*(4)=									
A MEDICAID	6,214	0	453	379	456	512	706	3,708	0	0
B BLUE CROSS	19,153	0	1,369	1,421	1,226	2,921	6,677	5,538	0	0
C COMMERCIAL	53,126	1,487	3,682	4,946	4,788	9,368	13,740	15,115	0	0
D DIRECT CONTRACTING	0	0	0	0	0	0	0	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	202,531	0	42,674	34,873	34,666	20,107	28,481	41,730	0	0
I PATIENT CONTRACTS	3,557	0	0	1,319	539	0	1,323	375	0	0
M MEDICARE	26,315	0	2,014	1,765	1,201	1,404	5,663	14,268	0	0
N MANAGED MA	16,382	0	2,247	2,257	3,482	1,320	3,804	3,273	0	0
P PPO-PREFERRED PROVIDER	58,712	0	4,406	3,898	9,393	11,633	11,987	17,396	0	0
U SELF PAY	410,368	55,249	54,999	50,240	69,954	53,802	69,062	57,062	0	0
W WORKERS COMP/NO FAULT	33,303	1,195	3,000	4,868	3,768	6,343	7,879	6,251	0	0

CL-0001008
DEPOSITION EXHIBIT

III R.S.
AKC CS

REQUIRED RESERVE	829,661 (7)	57,931	114,844	105,966	129,474	107,409	149,322	164,716	0	0
------------------	-------------	--------	---------	---------	---------	---------	---------	---------	---	---

Reserve difference due to change in historic aging methodology:

Reserve using final billed aging	778,234 (5)
Reserve using discharge date	829,661 (7)
Difference	(51,427) I

Although there was a difference in bad debt reserve due to the difference in aging methodologies, C&L does not propose an entry because C&L has performed an additional analysis of bad debt using AGH's percentages and the client has booked an additional reserve.

Bad Debt reconciliation

Bad Debt reserve on Invision A/R	778,234 (5)
Bad Debt reserve on Patcom A/R	265,616 53-454

Total Calculated O/P Bad Debt res. 1,043,850 53-461

A/R reconciliation

Patcom O/P A/R	7,994,412 53-454
Invision O/P A/R	8,665,620 (6)

A/R per system	16,660,032
A/R per trial balance	16,660,210 53-450

Difference	(178) I
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CL 001009

BUCKS COUNTY CAMPUS
 ACCOUNTS RECEIVABLE AGING - OUTPATIENT (Net)
 June 30, 1996

AGED FROM LAST PAY DATE

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
	(1) * (2)=									
A MEDICAID	40,407	8,783	8,996	9,583	3,632	3,481	3,968	1,962	0	0
B BLUE CROSS	350,597	17,000	71,409	27,165	32,976	21,897	20,080	6,552	0	0
C COMMERCIAL	562,322	171,827	141,974	79,041	44,203	51,379	40,150	33,749	0	0
D DIRECT CONTRACTING	0	0	0	0	0	0	0	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	3,533,033	1,278,933	868,948	688,603	334,218	172,202	102,319	87,571	0	239
I PATIENT CONTRACTS	5,456	3,080	225	888	1,263	0	0	0	0	0
M MEDICARE	385,180	185,526	96,408	35,615	13,551	10,162	21,207	22,712	0	0
N MANAGED MA	213,225	52,914	45,036	46,557	34,540	12,862	14,598	6,718	0	0
P PPO-PREFERRED PROVIDER	599,135	287,945	84,262	46,846	65,842	44,464	35,893	33,888	0	(5)
U SELF PAY	738,475	134,111	141,007	111,601	139,128	87,619	72,403	52,556	0	50
W WORKERS COMP/NO FAULT	429,997	129,079	102,863	70,875	34,079	41,737	32,137	19,227	0	0
TOTAL	6,857,827	2,422,717	1,561,127	1,116,774	703,432	445,803	342,754	264,935	0	284

AGED BY REGISTRATION DATE

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
	(3) * (2)=									
A MEDICAID	40,407	6,321	9,069	7,574	4,557	5,116	2,825	4,944	0	0
B BLUE CROSS	350,597	164,053	68,454	28,418	24,522	29,211	26,710	9,230	0	0
C COMMERCIAL	562,322	148,661	122,738	82,441	47,885	62,452	54,958	43,186	0	0
D DIRECT CONTRACTING	0	0	0	0	0	0	0	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	3,533,033	1,216,107	853,481	697,463	346,663	201,070	113,924	104,324	0	0
I PATIENT CONTRACTS	5,456	0	0	2,199	898	0	1,890	469	0	0
M MEDICARE	385,180	156,148	100,691	35,307	15,008	14,041	28,316	35,670	0	0
N MANAGED MA	213,225	51,740	44,934	45,136	34,815	13,204	15,214	8,183	0	0
P PPO-PREFERRED PROVIDER	599,135	279,442	88,116	38,977	62,623	46,530	39,957	43,489	0	0
U SELF PAY	738,475	110,498	109,997	100,479	139,909	107,604	98,660	71,328	0	0
W WORKERS COMP/NO FAULT	429,997	119,527	100,003	81,128	37,680	42,284	31,516	17,859	0	0
TOTAL	6,857,827	2,252,497	1,497,486	1,119,121	714,560	521,511	413,970	338,682	0	0

CL 001010

BUCKS COUNTY CAMPUS
 ACCOUNTS RECEIVABLE AGING - OUTPATIENT (Gross) AGED FROM LAST PAY DATE
 June 30, 1996

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+	
		(1)									
A MEDICAID	269,377	58,556	59,976	63,888	24,215	23,206	26,456	13,080	0	0	
B BLUE CROSS	350,597	170,518	71,409	27,165	32,976	21,897	20,080	6,552	0	0	
C COMMERCIAL	826,944	252,686	208,785	116,236	65,004	75,557	59,044	49,631	0	0	
D DIRECT CONTRACTING	121,385	27,384	39,922	20,460	7,974	13,326	3,845	8,474	0	0	
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0	
H HMO	3,533,033	1,278,933	868,948	688,603	334,218	172,202	102,319	87,571	0	239	
I PATIENT CONTRACTS	5,456	3,080	225	888	1,263	0	0	0	0	0	
M MEDICARE	1,375,644	662,593	344,315	127,197	48,396	36,291	75,738	81,114	0	0	
N MANAGED MA	213,225	52,914	45,036	46,557	34,540	12,862	14,598	6,718	0	0	
P PPO-PREFERRED PROVIDER	599,135	287,945	84,262	46,846	65,842	44,464	35,893	33,888	0	(5)	
U SELF PAY	738,475	134,111	141,007	111,601	139,128	87,619	72,403	52,556	0	50	
W WORKERS COMP/NO FAULT	632,349	189,823	151,269	104,228	50,116	61,378	47,260	28,275	0	0	
TOTAL	8,665,620	(6)	3,118,543	2,015,153	1,353,669	803,673	548,803	457,636	367,859	0	284

(1) Amounts were traced into the Invision system generated report.

AGED BY REGISTRATION DATE

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
		(3)								
A MEDICAID	269,377	42,139	60,462	50,490	30,383	34,104	18,836	32,963	0	0
B BLUE CROSS	350,597	164,053	68,454	28,418	24,522	29,211	26,710	9,230	0	0
C COMMERCIAL	826,944	218,619	180,498	121,236	70,419	91,842	80,821	63,509	0	0
D DIRECT CONTRACTING	121,385	10,145	55,896	18,914	12,250	11,222	4,280	8,678	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	3,533,033	1,216,107	853,481	697,463	346,663	201,070	113,924	104,324	0	0
I PATIENT CONTRACTS	5,456	0	0	2,199	898	0	1,890	469	0	0
M MEDICARE	1,375,644	557,672	359,612	126,096	53,599	50,145	101,128	127,392	0	0
N MANAGED MA	213,225	51,740	44,934	45,136	34,815	13,204	15,214	8,183	0	0
P PPO-PREFERRED PROVIDER	599,135	279,442	88,116	38,977	62,623	46,530	39,957	43,489	0	0
U SELF PAY	738,475	110,498	109,997	100,479	139,909	107,604	98,660	71,328	0	0
W WORKERS COMP/NO FAULT	632,349	175,776	147,064	119,306	55,411	62,182	46,347	26,264	0	0
TOTAL	8,665,620	2,826,190	1,968,515	1,348,715	831,493	647,114	547,767	495,826	0	0

CL 001011

(3)- C&L obtained amounts from the Invision system generated agings.

ST CHRISTOPHERS HOSPITAL
PERCENTAGES APPLIED TO DETERMINE OUTPATIENT NET A/R
[FOR CONTRACTUAL ALLOWANCES NOT TAKEN AT TIME OF BILLING]

FINANCIAL CLASS	% REIMBURSEMENT	AVERAGE COMMENTS
A	(2)	15.00%
B		100.00%
C		68.00%
D		0.00%
F		0.00% (1)
H		100.00%
I		100.00%
M		28.00%
N		100.00%
P		100.00%
U		100.00%
W		68.00%

CL 001012

BUCKS COUNTY CAMPUS
OUTPATIENT BAD DEBT RESERVE PERCENTAGES

CLASS	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
(4)									
A MEDICAID	0%	5%	5%	10%	10%	25%	75%	100%	100%
B BLUE CROSS	0%	2%	5%	5%	10%	25%	60%	70%	70%
C COMMERCIAL	1%	3%	6%	10%	15%	25%	35%	50%	75%
D DIRECT CONTRACTING	1%	5%	10%	15%	20%	30%	50%	75%	75%
F CHARITY CARE	100%	100%	100%	100%	100%	100%	100%	100%	100%
H HMO	0%	5%	5%	10%	10%	25%	40%	50%	90%
I PATIENT CONTRACTS	50%	50%	60%	60%	70%	70%	80%	90%	100%
M MEDICARE	0%	2%	5%	8%	10%	20%	40%	60%	90%
N MANAGED MA	0%	5%	5%	10%	10%	25%	40%	50%	90%
P PPO-PREFERRED PROVIDER	0%	5%	10%	15%	25%	30%	40%	50%	90%
U SELF PAY	50%	50%	50%	50%	50%	70%	80%	90%	100%
W WORKERS COMP/NO FAULT	1%	3%	6%	10%	15%	25%	35%	50%	75%

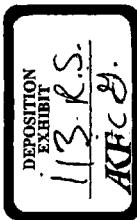
CL 001013

EXHIBIT 0113

ALLEGHENY UNIVERSITY HOSPITALS
 ELKINS PARK
 PROVISION FOR BAD DEBT
 For the Month of June 1996

17-Jul-96
 02:53 PM

SUMMARY	PATCOM RESERVE	INVISION RESERVE	TOTAL REQUIRED	SURPLUS (DEFICIT)
ADJ INPATIENT REQ ALLOW	983,312	931,792	1,915,104	1,862,346 (52,758)
ADJ REHAB REQ ALLOW	322,579	0	322,579	0 (322,579)
SUBTOTAL IP & REHAB	1,305,891	931,792	2,237,683	1,862,346 (375,337)
ADJ OUTPATIENT REQ ALLOW	513,873	1,253,847	1,767,720	1,432,800 (334,920)
T O T A L	1,819,765	2,185,639	4,005,404	3,295,146 (710,258)



ELKIN PARK HOSPITAL
ACCOUNTS RECEIVABLE AGING - INPATIENT
June 30, 1998

AGED FROM FINAL BILL DATE

CLASS	TOTAL	IH & DNFB (NET)	FINAL BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	730,671	56,807	303,407	167,501	71,205	60,450	60,145	18,240	2,917	0	0	0
B BLUE CROSS	423,134	101,400	165,114	59,848	55,783	21,512	9,778	3,422	6,276	0	0	0
C COMMERCIAL	413,218	3,690	254,521	79,442	53,583	0	754	15,195	6,030	0	0	0
D DIRECT CONTRACTING	116,695	0	35,476	28,999	20,937	31,282	0	0	0	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0	0	0
H HMO (USHC/KHPE)	1,741,337	116,589	686,489	433,346	273,215	(40,682)	117,952	101,051	53,378	0	0	0
I PATIENT CONTRACTS	12,429	0	0	0	730	435	6,708	2,552	2,004	0	0	0
M MEDICARE	2,654,407	494,856	1,469,656	188,449	138,110	125,829	89,950	101,419	46,138	0	0	0
N MANAGED MA	317,145	90,626	70,102	44,451	48,404	14,450	7,731	33,551	7,831	0	0	0
P PPO-PREFERRED PROVIDER	548,555	41,409	216,290	62,651	64,639	78,524	31,881	50,190	972	0	0	0
U SELF PAY	876,153	14,094	82,008	104,087	104,797	156,157	202,277	157,048	55,676	0	0	0
W WORKERS COMP/NO FAULT	172,865	10,820	64,958	76,325	18,895	(1,103)	2,870	0	0	0	0	0
TOTAL:	8,006,605	830,391	0	3,350,019	1,235,108	850,299	446,854	530,045	482,657	181,222	0	0

Additional Reserve on Billed Commercial:

Total gross billed commercial	409,526
Estimated contractuals at payment	20.00%
Additional reserve required	\$1,905

EPATB06.WK3

ELKINS PARK HOSPITAL
INPATIENT BAD DEBT RESERVE CALCULATION
June 30, 1996

CLASS	TOTAL	INHOUSE & DNFB (NET)	FINAL BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	72,018	0	0	30,341	15,750	7,121	6,045	6,014	4,560	2,188	0	0
B BLUE CROSS	12,127	0	0	0	1,197	2,789	1,076	2,445	856	3,766	0	0
C COMMERCIAL***	11,352	30	0	2,036	1,907	2,572	0	90	3,039	1,688	0	0
D DIRECT CONTRACTING	8,591	0	0	355	1,450	2,094	4,692	0	0	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0	0	0
H HMO	124,041	0	0	0	21,667	27,322	(6,102)	29,488	30,315	21,351	0	0
I PATIENT CONTRACTS	8,784	0	0	0	0	438	261	4,696	1,786	1,603	0	0
M MEDICARE	68,475	0	0	0	3,769	6,906	10,056	8,985	20,284	18,455	0	0
N MANAGED MA	24,361	0	0	0	2,223	4,840	2,167	1,933	10,065	3,132	0	0
P PPO-PREFERRED PROVIDER	44,791	0	0	0	3,133	6,464	11,779	7,970	15,057	389	0	0
U SELF PAY	552,740	7,047	0	41,003	52,048	62,878	93,694	141,594	109,934	44,541	0	0
W WORKERS COMP/NO FAULT	4,502	109	0	650	2,290	1,134	(110)	431	0	0	0	0
REQUIRED RESERVE	831,792	7,186	0	74,384	105,433	124,557	123,568	203,655	195,896	97,114	0	0

***Commercial reserve is calculated based on gross A/R less estimated contractual percentage [see gross A/R schedule.]

LATB06.WK3

ELKINS PARK HOSPITAL
INPATIENT BAD DEBT RESERVE PERCENTAGES

CLASS	INHOUSE & DNFB	0-30/ FINAL BILLS		31-60	61-90	91-120	121-150	151-180	181-270	271-365
A MEDICAID	0%	10%	10%	10%	10%	10%	10%	25%	75%	100%
B BLUE CROSS	0%	0%	2%	5%	5%	25%	25%	60%	70%	
C COMMERCIAL	1%	1%	3%	6%	10%	15%	25%	35%	50%	
D DIRECT CONTRACTING	1%	1%	5%	10%	15%	20%	30%	50%	75%	
F CHARITY CARE	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
H HMO	0%	0%	5%	10%	15%	25%	30%	40%	50%	
I PATIENT CONTRACTS	50%	50%	50%	60%	60%	70%	70%	80%	90%	
M MEDICARE	0%	0%	2%	5%	8%	10%	20%	40%	60%	
N MANAGED MA	0%	0%	5%	10%	15%	25%	30%	40%	50%	
P PPO-PREFERRED PROVIDER	0%	0%	5%	10%	15%	25%	30%	40%	50%	
U SELF PAY	50%	50%	50%	60%	60%	70%	70%	80%	90%	
W WOMEN'S COMP/NO FAULT	1%	1%	3%	6%	10%	15%	25%	35%	50%	

EPATB06.WK3

ELKINS PARK HOSPITAL
INPATIENT ACCOUNTS RECEIVABLE - NET OF BAD DEBT RESERVES
June 30, 1996

CLASS	TOTAL	INHOUSE & DNFB (NET)	FINAL BILLED	INPATIENT ACCOUNTS RECEIVABLE - NET OF BAD DEBT RESERVES						
				0-30	31-60	61-90	91-120	121-150	151-180	181-270
A MEDICAID	658,653	56,807	0	273,067	141,751	64,085	54,405	54,130	13,680	729
B BLUE CROSS	411,006	101,400	0	165,114	58,651	52,994	20,437	7,334	2,567	2,510
C COMMERCIAL	401,853	3,660	0	252,485	77,535	51,011	0	664	12,156	4,342
D DIRECT CONTRACTING	108,104	0	0	35,122	27,549	18,843	26,590	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	1,617,297	116,589	0	686,489	411,679	245,894	(34,580)	88,464	70,736	32,027
I PATIENT CONTRACTS	3,645	0	0	0	0	292	174	2,012	766	401
M MEDICARE	2,585,932	494,856	0	1,469,656	184,680	131,205	115,763	80,955	81,136	27,683
N MANAGED MA	292,784	90,626	0	70,102	42,228	43,564	12,282	5,798	23,485	4,699
P PPO-PREFERRED PROVIDER	503,784	41,409	0	218,290	59,519	58,175	68,745	23,911	35,133	583
U SELF PAY	323,413	7,047	0	41,003	52,048	41,919	62,463	60,683	47,114	11,135
W WORKERS COMP/NO FAULT	168,362	10,811	0	64,308	74,035	17,761	(992)	2,440	0	0
NET INPATIENT A/R	7,074,813	923,205	0	3,275,635	1,129,675	725,742	323,286	326,390	286,772	84,109

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ELKINS PARK HOSPITAL
OUTPATIENT A/R AGING - RECEIVABLES AT GROSS
June 30, 1996

AGED FROM LAST PAY DATE

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	985,831	195,443	181,268	168,732	152,857	132,356	125,231	29,944	0	0
B BLUE CROSS	722,425	360,637	144,088	50,425	48,916	52,336	41,899	24,077	0	48
C COMMERCIAL	896,512	218,090	166,034	155,201	93,629	115,236	65,143	85,177	0	0
D DIRECT CONTRACTING	668,300	160,361	158,196	140,765	38,319	86,965	66,484	17,210	0	0
F CHARITY CARE	1,926	0	804	0	432	402	288	0	0	0
H HMO	3,704,368	1,181,994	815,578	624,278	410,186	330,288	179,180	161,995	0	869
I PATIENT CONTRACTS	8,200	2,272	261	0	223	3,443	0	0	0	0
M MEDICARE	2,743,050	1,245,255	554,801	337,192	221,174	217,141	115,701	51,472	0	314
N MANAGED MA	377,643	80,159	65,168	70,876	40,115	55,236	40,143	25,948	0	0
P PPO-PREFERRED PROVIDER	1,202,206	549,956	224,032	131,797	101,433	72,391	78,188	44,411	0	0
U SELF PAY	864,851	113,598	128,804	193,252	161,550	132,340	72,808	62,472	0	28
W WORKERS COMP/NO FAULT	487,089	151,811	73,547	60,963	55,998	70,106	46,443	28,221	0	0
TOTAL	12,660,401	4,257,576	2,512,581	1,933,480	1,324,830	1,268,239	831,508	530,928	0	1,258

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ELKINS PARK HOSPITAL
OUTPATIENT A/R AGING - NET OF ALLOWANCES
June 30/1996

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	138,016	27,362	25,378	23,622	21,400	18,530	17,532	4,192	0	0
B BLUE CROSS	722,425	360,637	144,088	50,425	48,916	52,336	41,899	24,077	0	48,
C COMMERCIAL	564,802	136,137	104,602	97,777	58,986	72,599	41,040	53,661	0	0
D DIRECT CONTRACTING	267,320	64,145	63,278	56,306	15,327	34,786	26,594	6,884	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	3,704,368	1,181,994	815,578	624,278	410,186	330,288	179,180	161,995	0	869
I PATIENT CONTRACTS	6,200	2,272	261	0	223	3,443	0	0	0	0
M MEDICARE	603,471	273,956	122,056	74,182	48,658	47,771	25,454	11,324	0	69
N MANAGED MA	377,643	80,159	65,168	70,876	40,115	55,236	40,143	25,948	0	0
P PPO-PREFERRED PROVIDER	1,202,206	549,956	224,032	131,797	101,433	72,391	78,188	44,411	0	0
U SELF PAY	864,851	113,598	128,804	193,262	161,550	132,340	72,808	62,472	0	28
W WORKERS COMP/NO FAULT	306,866	95,641	46,334	38,407	35,278	44,166	29,259	17,779	0	0
TOTAL	8,758,169	2,885,856	1,739,578	1,360,921	942,073	863,886	552,097	412,744	0	1,013

Total Outpatient A/R at gross
Less: O/P A/R net of estimated allowances

3,902,232

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OUTPATIENT
AS OF 6/30/96.

CLASS	A/R AT GROSS	A/R NET OF ALLOWANCES	ALLOWANCE	
A MEDICAID	985,831	138,016	847,815	86.0%
B BLUE CROSS	722,425	722,425	0	
C COMMERCIAL	896,512	564,802	331,709	37.0%
D DIRECT CONTRACTING	668,300	267,320	400,980	60.0%
F CHARITY CARE	1,926	0	1,926	100.0%
H HMO	3,704,368	3,704,368	0	
I PATIENT CONTRACTS	6,200	6,200	0	
M MEDICARE	2,743,050	603,471	2,139,579	78.0%
N MANAGED MA	377,643	377,643	0	
P PPO-PREFERRED PROVIDER	1,202,206	1,202,206	0	
U SELF PAY	864,851	864,851	0	
W WORKERS COMP/NO FAULT	487,089	306,866	180,223	37.0%
	<u>12,660,401</u>	<u>8,758,169</u>	<u>3,902,232</u>	<u>30.8%</u>

* Rate change effective 4/26/96 - 22%.

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ELKINS PARK HOSPITAL
OUTPATIENT BAD DEBT RESERVE CALCULATION
June 30, 1996

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	19,156	2,736	2,538	2,362	2,140	1,853	4,383	3,144	0	0
B BLUE CROSS	45,887	0	2,882	2,521	2,446	13,084	10,475	14,446	0	33
C COMMERCIAL	56,196	1,361	3,138	5,867	5,899	10,890	10,260	18,782	0	0
D DIRECT CONTRACTING	30,112	641	3,164	5,831	2,299	6,957	7,978	3,442	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	366,641	0	40,779	62,428	61,528	82,572	53,754	64,798	0	782
I PATIENT CONTRACTS	3,811	1,136	131	0	134	2,410	0	0	0	0
M MEDICARE	24,503	0	2,441	3,709	3,893	4,777	5,091	4,530	0	62
N MANAGED MA	52,594	0	3,258	7,088	6,017	13,809	12,043	10,379	0	0
P PPO-PREFERRED PROVIDER	98,914	0	11,202	13,180	15,215	18,098	23,456	17,764	0	0
U SELF PAY	527,691	56,799	64,402	115,951	96,930	92,638	50,965	49,978	0	28
W WORKERS COMP/NO FAULT	28,341	956	1,390	2,304	3,528	6,625	7,315	6,223	0	0
REQUIRED RESERVE	1,253,847	63,630	135,324	221,040	200,028	253,713	185,720	193,486	0	905

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**ELKINS PARK HOSPITAL
OUTPATIENT BAD DEBT RESERVE PERCENTAGES**

CLASS	0-30	31-60	61-90	91-120	121-150	151-180	181-210	211-270	365+
A MEDICAID	10%	10%	10%	10%	10%	25%	75%	100%	100%
B BLUE CROSS	0%	2%	5%	5%	25%	25%	60%	70%	70%
C COMMERCIAL	1%	3%	6%	10%	15%	25%	35%	50%	75%
D DIRECT CONTRACTING	1%	5%	10%	15%	20%	30%	50%	75%	75%
F CHARITY CARE	100%	100%	100%	100%	100%	100%	100%	100%	100%
H HMO	0%	5%	10%	15%	25%	30%	40%	50%	90%
I PATIENT CONTRACTS	50%	50%	60%	60%	70%	70%	80%	90%	100%
M MEDICARE	0%	2%	5%	8%	10%	20%	40%	60%	90%
N MANAGED MA	0%	5%	10%	15%	25%	30%	40%	50%	90%
P PPO-PREFERRED PROVIDER	0%	5%	10%	15%	25%	30%	40%	50%	90%
U SELF PAY	50%	50%	60%	60%	70%	70%	80%	90%	100%
W WORKERS COMP/NO FAULT	1%	3%	6%	10%	15%	25%	35%	50%	75%

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ELKINS PARK HOSPITAL
 PERCENTAGES APPLIED TO DETERMINE OUTPATIENT NET A/R
 [FOR CONTRACTUAL ALLOWANCES NOT TAKEN AT TIME OF BILLING]

FINANCIAL CLASS	% AVERAGE REIMBURSEMENT	COMMENTS
A	14.00%	
B	100.00%	
C	63.00%	
D	40.00%	
F	0.00%	
H	100.00%	
I	100.00%	
M	22.00%	
N	100.00%	
P	100.00%	
U	100.00%	
W	63.00%	
		commercial A/R valued at 100% when billed; actual experience has been an 80% collection average.

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ELKINS PARK HOSPITAL
 OUTPATIENT ACCOUNTS RECEIVABLE - NET OF BAD DEBT RESERVES
 June 30, 1996

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	118,860	24,626	22,840	21,260	19,260	16,677	13,149	1,048	0	0
B BLUE CROSS	676,538	360,837	141,206	47,904	46,470	39,252	31,424	9,631	0	14
C COMMERCIAL	508,606	134,776	101,464	91,910	53,088	61,709	30,780	34,880	0	0
D DIRECT CONTRACTING	237,208	63,503	60,114	50,675	13,028	27,829	18,616	3,442	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	3,337,727	1,181,994	774,799	561,850	348,658	247,716	125,426	97,197	0	87
I PATIENT CONTRACTS	2,389	1,136	131	0	89	1,033	0	0	0	0
M MEDICARE	578,968	273,956	119,615	70,473	44,766	42,994	20,363	6,794	0	7
N MANAGED MA	325,049	80,159	61,909	63,788	34,098	41,427	28,100	15,569	0	0
P PPO-PREFERRED PROVIDER	1,103,292	549,956	212,830	118,817	86,218	54,293	54,732	26,646	0	0
U SELF PAY	337,160	56,799	64,402	77,301	84,620	39,702	21,842	12,494	0	0
W WORKERS COMP/NO FAULT	278,525	94,685	44,944	36,102	31,751	37,542	21,945	11,557	0	0
NET OUTPATIENT A/R	7,504,322	2,822,225	1,604,255	1,139,881	742,045	610,173	366,377	219,259	0	108

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**MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
PROVISION FOR BAD DEBT
For the Month of June 1996**

03-Jul-96
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CODE	FINANCIAL CLASS	NOT BILLED	BILLED & UNBILLED								BILLED TOTAL
			0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	
FACILITY TOTALS											
A	OTHER HMO ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 0	2,509 1.49% 37	0 0	0 0	0 0	0 0	0 0	131,375 3.38% 4,437	110,827 0.51% 569	244,711 ✓ 5,043
B	BLUE CROSS ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 0	17,996 1.30% 234	0 0	0 0	0 0	0 0	0 0	1,278,587 2.88% 36,824	1,093,296 12.81% 140,013	2,389,879 ✓ 177,071
C	CONTRACT PAYOR ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	0 0	0 0	0 0	0 0	0 0	0 0	3,070 20.00% 614	12,835 20.00% 2,567	15,906 ✓ 3,181
D	CHELTAN TWSHP ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	0 0	0 0	0 0	0 0	0 0	0 0	1,184 2.60% 31	3,217 2.60% 84	4,401 ✓ 114
E	HMO MATERNITY ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
F	HMO MC ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
G	NO FAULT ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	1,915 9.91% 190	0 0	0 0	0 0	0 0	0 0	243,462 11.01% 26,812	84,078 8.34% 7,008	329,455 ✓ 34,010
H	MEDICARE REHAB ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	422 2.00% 8	0 0	0 0	0 0	0 0	0 0	275,731 5.00% 13,787	44,047 29.37% 12,935	320,200 ✓ 26,730
J	BLUE CROSS P/C ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	14,131 1.28% 177	0 0	0 0	0 0	0 0	0 0	773,670 3.17% 24,519	253,223 19.27% 48,808	1,041,025 ✓ 73,504
K	MEDICARE SNF ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	1 2.00%	0 0	0 0	0 0	0 0	0 0	663 2.00% 13	1,619 2.00% 32	2,283 ✓ 46

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**MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
PROVISION FOR BAD DEBT
For the Month of June 1996**

CODE	FINANCIAL CLASS	NOT BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	<u>BILLED & UNBILLED</u>		BILLED TOTAL	
											TOTAL	TOTAL		
FACILITY TOTALS														
L	PENDING MA ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	0	0	0	0	0	22,615	646	23,262	✓	23,262	
			0	0	0	0	0	0	75.00%	70.00%				
									16,962	453	17,414		17,414	
M	MEDICARE ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	45,543	0	0	0	0	1,915,411	1,000,789	2,961,744	✓	2,961,744	
				0.85%					1.87%	6.51%				
				386	0	0	0	0	35,865	65,186	101,437		101,437	
N	COMMERCIAL ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	(69,144)	0	0	0	0	827,855	334,890	1,093,602	✓	1,093,602	
				10.40%					7.58%	8.64%				
				(7,194)	0	0	0	0	62,762	28,948	84,515		84,515	
P	SELF PAY ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	8,605	0	0	0	0	1,068,887	264,685	1,342,177	✓	1,342,177	
				17.38%					47.67%	33.27%				
				1,496	0	0	0	0	509,540	88,052	599,088		599,088	
Q	BLUE CROSS CASH ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	n/a	0	n/a	0	n/a	0	656	209	865	✓	865
				0	0	0	0	n/a	0	2.00%	2.00%			
								0	13	4	17		17	
R	POLICE & FIRE ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	5,177	0	n/a	0	n/a	0	256	639,186	644,599	✓	644,599
				2.00%		n/a	0	n/a	0	1.14%	5.15%			
				104	0	0	0	n/a	0	3	32,919	33,026		33,026
S	DEL VAL HMO ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	0	0	0
				0	0	0	0	n/a	0	0	0	0	0	0
T	MEDICAL ASST ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	4,131	0	n/a	0	n/a	0	n/a	0	893,583	✓	893,583
				1.34%		n/a	0	n/a	0	14.50%	28.34%			
				55	0	0	0	0	0	107,146	42,650	149,851		149,851
U	HMO ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	29,533	0	n/a	0	n/a	0	n/a	0	2,257,607	✓	2,257,607
				0.80%		n/a	0	n/a	0	2.22%	7.07%			
				236	0	0	0	0	0	34,638	47,079	81,953		81,953
V	MCP CARE ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	337,884	✓	337,884
				0	0	0	0	n/a	0	100.00%	100.00%			
								0	0	9,610	328,274			
									0	100.00%	100.00%			
									0	9,610	328,274	337,884		337,884

**MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
PROVISION FOR BAD DEBT
For the Month of June 1998**

03-Jul-98
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CODE	FINANCIAL CLASS	NOT BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	BILLED & UNBILLED	BILLED TOTAL
											TOTAL	TOTAL
FACILITY TOTALS												
W	WORKMENS COMP ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	1,074 5.90% 63	n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	475,366 6.11% 29,032	539,347 6.27% 33,820	1,015,787 ✓	1,015,787
X	MANAGED MEDICAID ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	3,205 0.80% 26	n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	188,575 2.60% 4,905	174,543 0.12% 214	366,323 ✓	366,323
Y	KEYSTONE EAST ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	17,582 0.82% 144	n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	766,556 3.11% 23,853	109,500 2.58% 2,825	893,637 ✓	893,637
Z	CHARITY CARE ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	(70) 100.00% (70)	n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	7,642 100.00% 7,642	2,559 100.00% 2,559	10,131 ✓	10,131
***TOTAL FACILITY A/R BAL		0	82,610 ✓	0	0	0	0	0	10,292,790 ✓	5,813,659 ✓	16,189,059 ✓	16,189,059
***TOTAL FACILITY REQ ALLOW		0	(4,108)	0	0	0	0	0	949,007	884,997	1,829,895	1,829,895
***RESERVE % OF A/R BAL		ERR	-5.0%	ERR	ERR	ERR	ERR	ERR	9.2%	15.2%	11.3%	11.3%
Z	CHARITY CARE ALLOWANCE PERCENT REQUIRED ALLOWANCE	n/a 0	(70) 100.00% (70)	n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	0 n/a 0	7,642 100.00% 7,642	2,559 100.00% 2,559	10,131	10,131
***ADJ FACILITY A/R BAL		0	82,680	0	0	0	0	0	10,285,148	5,811,100	16,178,928	16,178,928
***ADJ FACILITY REQ ALLOW		0	(4,038)	0	0	0	0	0	941,365	882,438	1,819,765	1,819,765
***RESERVE % OF A/R BAL		ERR	-4.9%	ERR	ERR	ERR	ERR	ERR	9.2%	15.2%	11.2%	11.2%

MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
PROVISION FOR BAD DEBT
For the Month of June 1996

CODE	FINANCIAL CLASS	NOT BILLED	BILLED & UNBILLED									BILLED TOTAL
			0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	TOTAL	
INPATIENT TOTALS												
A	OTHER HMO	0	1,354	0	0	0	0	0	33,607	(1,473)	33,488	33,488
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	27	0	0	0	0	0	3,361	(442)	2,946	2,946
B	BLUE CROSS	0	4,017	0	0	0	0	0	201,585	596,707	802,308	802,308
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	20.00%		
	REQUIRED ALLOWANCE	0	80	0	0	0	0	0	20,158	119,341	139,580	139,580
C	CONTRACT PAYOR	0	0	0	0	0	0	0	0	10,830	10,830	10,830
	ALLOWANCE PERCENT	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	2,166	2,166	2,166
D	CHELTAN TWSHP	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	20.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
E	HMO MATERNITY	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
F	HMO MC	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
G	NO FAULT	0	438	0	0	0	0	0	2,498	(131)	2,805	2,805
	ALLOWANCE PERCENT	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	20.00%	50.00%		
	REQUIRED ALLOWANCE	0	66	0	0	0	0	0	500	(66)	500	500
H	MEDICARE REHAB	0	0	0	0	0	0	0	0	22,480	22,480	22,480
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	5.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	6,744	6,744	6,744
J	BLUE CROSS P/C	0	2,185	0	0	0	0	0	165,664	146,325	314,174	314,174
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	44	0	0	0	0	0	16,566	43,897	60,507	60,507

MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
PROVISION FOR BAD DEBT
For the Month of June 1996

CODE	FINANCIAL CLASS	NOT BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	BILLED &	BILLED
											UNBILLED	TOTAL
INPATIENT TOTALS												
K	MEDICARE SNF ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	1 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 5.00% 0	0 30.00% 0	1 0 0	1 0 0
L	PENDING MA ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 70.00% 0	0 70.00% 0	0 70.00% 0	0 70.00% 0	0 70.00% 0	0 70.00% 0	0 70.00% 0	22,615 75.00% 16,962	0 100.00% 0	22,615 16,962	22,615 16,962
M	MEDICARE ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	5,198 2.00% 104	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	521,795 5.00% 26,090	176,531 30.00% 52,959	703,524 79,153	703,524 79,153
N	COMMERCIAL ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 10.00% 0	(77,629) 10.00% (7,763)	0 10.00% 0	0 10.00% 0	0 10.00% 0	0 10.00% 0	0 10.00% 0	119,947 10.00% 11,995	48,130 20.00% 9,626	90,448 13,858	90,448 13,858
P	SELF PAY ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 40.00% 0	4,515 20.00% 903	0 20.00% 0	0 30.00% 0	0 30.00% 0	0 40.00% 0	0 40.00% 0	387,099 70.00% 270,970	50,648 85.00% 43,051	442,262 314,923	442,262 314,923
Q	BLUE CROSS CASH ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 10.00% 0	0 30.00% 0	0 0	0 0
R	POLICE & FIRE ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	5,177 2.00% 104	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 5.00% 0	85,190 30.00% 25,557	90,367 25,661	90,367 25,661
S	DEL VAL HMO ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 10.00% 0	0 30.00% 0	0 0	0 0
T	MEDICAL ASST ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 5.00% 0	571 5.00% 29	0 5.00% 0	0 5.00% 0	0 5.00% 0	0 5.00% 0	0 5.00% 0	159,487 50.00% 78,744	34,738 85.00% 29,527	194,796 109,299	194,796 109,299

**MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
PROVISION FOR BAD DEBT
For the Month of June 1996**

INPATIENT TOTALS

NOT_BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	TOTAL	TOTAL
0	2,637	0	0	0	0	0	196,574	125,782	324,994	324,994
2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
0	53	0	0	0	0	0	19,657	37,735	57,445	57,445
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	129,292	129,292
0	0	0	0	0	0	0	10,667	118,625	129,292	129,292
10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%		
0	0	0	0	0	0	0	2,403	1,524	3,927	3,927
0	284	0	0	0	0	0	32,013	(7,251)	25,047	25,047
2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
0	6	0	0	0	0	0	3,201	(2,175)	1,032	1,032
0	268	0	0	0	0	0	173,594	6,511	180,371	180,371
2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
0	5	0	0	0	0	0	17,359	1,953	19,318	19,318
0	0	0	0	0	0	0	0	0	0	0
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
0	0	0	0	0	0	0	0	0	0	0
0	(50,987)	0	0	0	0	0	2,051,172	1,421,263	3,421,448 ✓	3,421,448
0	(6,343)	0	0	0	0	0	499,632	490,023	983,312	983,312
ERR	12.4%	ERR	ERR	ERR	ERR	ERR	24.4%	34.5%	28.7%	28.7%
0	0	0	0	0	0	0	0	0	0	0
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
0	0	0	0	0	0	0	0	0	0	0
0	(50,987)	0	0	0	0	0	2,051,172	1,421,263	3,421,448	3,421,448
0	(6,343)	0	0	0	0	0	499,632	490,023	983,312	983,312
ERR	12.4%	ERR	ERR	ERR	ERR	ERR	24.4%	34.5%	28.7%	28.7%

**MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
PROVISION FOR BAD DEBT
For the Month of June 1996**

CODE	FINANCIAL CLASS	NOT BILLED									BILLED & UNBILLED TOTAL	BILLED TOTAL
			0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360		
REHAB TOTALS												
A	OTHER HMO	0	0	0	0	0	0	0	2,159	0	2,159	2,159
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	216	0	216	216
B	BLUE CROSS	0	0	0	0	0	0	0	54,139	80,470	134,608	134,608
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	20.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	5,414	15,094	21,508	21,508
C	CONTRACT PAYOR	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
D	CHELTAN TWSHP	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	20.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
E	HMO MATERNITY	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
F	HMO MC	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
G	NO FAULT	0	0	0	0	0	0	0	52,343	0	52,343	52,343
	ALLOWANCE PERCENT	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	20.00%	50.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	10,469	0	10,469	10,469
H	MEDICARE REHAB	0	0	0	0	0	0	0	275,731	20,570	296,301	296,301
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	5.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	13,787	6,171	19,958	19,958
J	BLUE CROSS P/C	0	0	0	0	0	0	0	12,867	12,857	25,724	25,724
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	1,287	3,857	5,144	5,144

**MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
PROVISION FOR BAD DEBT
For the Month of June 1996**

CODE	FINANCIAL CLASS	NOT BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	BILLED & UNBILLED	BILLED TOTAL
											TOTAL	
REHAB TOTALS												
K	MEDICARE SNF	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	5.00%	30.00%	0	0
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
L	PENDING MA	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	75.00%	100.00%	0	0
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
M	MEDICARE	0	0	0	0	0	0	0	0	462	22,037	22,499
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	5.00%	30.00%	6,611	22,499
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	23	6,634	6,634
N	COMMERCIAL	0	0	0	0	0	0	0	101,124	819	101,943	101,943
	ALLOWANCE PERCENT	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	20.00%	10,112	10,276
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	164	10,276	10,276
P	SELF PAY	0	612	0	0	0	0	0	85,085	(34,926)	50,770	50,770
	ALLOWANCE PERCENT	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	70.00%	85.00%	59,559	30,117
	REQUIRED ALLOWANCE	0	245	0	0	0	0	0	(29,687)	30,117	30,117	30,117
Q	BLUE CROSS CASH	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%	0	0
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
R	POLICE & FIRE	0	0	0	0	0	0	0	0	0	3,627	3,627
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	5.00%	30.00%	0	3,627
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	1,088	1,088	1,088
S	DEL VAL HMO	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%	0	0
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
T	MEDICAL ASST	0	0	0	0	0	0	0	46,814	14,546	61,360	61,360
	ALLOWANCE PERCENT	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	50.00%	85.00%	23,407	35,771
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	23,407	12,364	35,771	35,771

**MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
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For the Month of June 1986**

CODE	FINANCIAL CLASS	NOT BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	BILLED & UNBILLED TOTAL	BILLED TOTAL
REHAB TOTALS												
U	HMO PA	0	0	0	0	0	0	0	61,069	19,354	80,423	80,423
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	6,107	5,806	11,913	11,913
V	MCP CARE	0	0	0	0	0	0	0	0	164,360	164,360	164,360
	ALLOWANCE PERCENT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	164,360	164,360	164,360
W	WORKMENS COMP	0	0	0	0	0	0	0	0	6,551	6,551	6,551
	ALLOWANCE PERCENT	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	20.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	1,310	1,310	1,310
X	MANAGED MEDICAID	0	0	0	0	0	0	0	6,860	3,931	10,791	10,791
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	686	1,179	1,865	1,865
Y	KEYSTONE EAST	0	0	0	0	0	0	0	19,021	163	19,184	19,184
	ALLOWANCE PERCENT	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	10.00%	30.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	1,902	49	1,951	1,951
Z	CHARITY CARE	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
***TOTAL REHAB A/R BAL		0	612	0	0	0	0	0	717,673	314,357	1,032,642	✓ 1,032,642
***TOTAL REHAB REQ ALLOW		0	245	0	0	0	0	0	132,969	189,366	322,579	322,579
***RESERVE % OF A/R BAL		ERR	40.0%	ERR	ERR	ERR	ERR	ERR	18.5%	60.2%	31.2%	31.2%
Z	CHARITY CARE	0	0	0	0	0	0	0	0	0	0	0
	ALLOWANCE PERCENT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
	REQUIRED ALLOWANCE	0	0	0	0	0	0	0	0	0	0	0
***ADJ REHAB A/R BAL		0	612	0	0	0	0	0	717,673	314,357	1,032,642	1,032,642
ADJ REHAB REQ ALLOW		0	245	0	0	0	0	0	132,969	189,366	322,579	322,579
RESERVE % OF A/R BAL		ERR	40.0%	ERR	ERR	ERR	ERR	ERR	18.5%	60.2%	31.2%	31.2%

CODE	FINANCIAL CLASS	MEDICAL COLLEGE HOSPITALS ELKINS PARK CAMPUS PROVISION FOR BAD DEBT For the Month of June 1986										BILLED & UNBILLED TOTAL	BILLED TOTAL
		NOT BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360			
OUTPATIENT TOTALS													
A	OTHER HMO ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 0.90% 0	1,155 0.90% 10	0 0.90% 0	0 0.90% 0	0 0.90% 0	0 0.90% 0	0 0.90% 0	95,609 0.90% 860	112,300 0.90% 1,011	209,064 1,882	209,064 1,882	
B	BLUE CROSS ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 1.10% 0	13,979 1.10% 154	0 1.10% 0	0 1.10% 0	0 1.10% 0	0 1.10% 0	0 1.10% 0	1,022,863 1.10% 11,251	416,119 1.10% 4,577	1,452,962 15,983	1,452,962 15,983	
C	CONTRACT PAYOR ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 20.00% 0	0 20.00% 0	0 20.00% 0	0 20.00% 0	0 20.00% 0	0 20.00% 0	0 20.00% 0	3,070 20.00% 614	2,005 20.00% 401	5,075 1,015	5,075 1,015	
D	CHELTAN TWSHP ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.60% 0	0 2.60% 0	0 2.60% 0	0 2.60% 0	0 2.60% 0	0 2.60% 0	0 2.60% 0	1,184 2.60% 31	3,217 2.60% 84	4,401 114	4,401 114	
E	HMO MATERNITY ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 0	0 0	
F	HMO MC ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 0	0 0	
G	NO FAULT ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 8.40% 0	1,477 8.40% 124	0 8.40% 0	0 8.40% 0	0 8.40% 0	0 8.40% 0	0 8.40% 0	188,621 8.40% 15,844	84,209 8.40% 7,074	274,307 23,042	274,307 23,042	
H	MEDICARE REHAB ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	422 2.00% 8	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	997 2.00% 20	1,419 28	1,419 28	
J	BLUE CROSS P/C ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 1.12% 0	11,946 1.12% 134	0 1.12% 0	0 1.12% 0	0 1.12% 0	0 1.12% 0	0 1.12% 0	595,140 1.12% 6,666	94,042 1.12% 1,053	701,128 7,853	701,128 7,853	

**MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
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For the Month of June 1986**

CODE	FINANCIAL CLASS	NOT BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	BILLED & UNBILLED TOTAL	BILLED TOTAL
		OUTPATIENT TOTALS										
K	MEDICARE SNF ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	663 2.00% 13	1,619 2.00% 32	2,282 2.00% 46	2,282 2.00% 46
L	PENDING MA ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 70.00% 0	0 70.00% 0	0 70.00% 0	0 70.00% 0	0 70.00% 0	0 70.00% 0	0 70.00% 0	646 70.00% 453	646 70.00% 453	646 70.00% 453	646 70.00% 453
M	MEDICARE ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 0.70% 0	40,346 0.70% 282	0 0.70% 0	0 0.70% 0	0 0.70% 0	0 0.70% 0	0 0.70% 0	1,393,153 0.70% 9,752	802,222 0.70% 5,616	2,235,721 0.70% 15,650	2,235,721 0.70% 15,650
N	COMMERCIAL ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 6.70% 0	8,485 6.70% 568	0 6.70% 0	0 6.70% 0	0 6.70% 0	0 6.70% 0	0 6.70% 0	606,785 6.70% 40,655	285,942 6.70% 19,158	901,211 6.70% 60,381	901,211 6.70% 60,381
P	SELF PAY ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 33.60% 0	3,478 10.00% 348	0 10.00% 0	0 10.00% 0	0 20.00% 0	0 20.00% 0	0 20.00% 0	598,703 30.00% 179,011	248,964 30.00% 74,689	849,145 30.00% 254,048	849,145 30.00% 254,048
Q	BLUE CROSS CASH ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	656 2.00% 13	209 2.00% 4	865 2.00% 17	865 2.00% 17
R	POLICE & FIRE ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 1.14% 0	0 1.14% 0	0 1.14% 0	0 1.14% 0	0 1.14% 0	0 1.14% 0	0 1.14% 0	256 1.14% 3	550,349 1.14% 6,274	550,605 1.14% 6,277	550,605 1.14% 6,277
S	DEL VAL HMO ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0	0 2.00% 0
T	MEDICAL ASST ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 0.75% 0	3,560 0.75% 27	0 0.75% 0	0 0.75% 0	0 0.75% 0	0 0.75% 0	0 0.75% 0	532,878 0.75% 3,995	101,189 0.75% 759	637,427 0.75% 4,781	637,427 0.75% 4,781

MEDICAL COLLEGE HOSPITALS
ELKINS PARK CAMPUS
PROVISION FOR BAD DEBT
For the Month of June 1996

CODE	FINANCIAL CLASS	NOT BILLED	BILLED & UNBILLED								BILLED TOTAL
			0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	
OUTPATIENT TOTALS											
U	HMO ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 0.68% 0	26,896 0.68% 183	0 0.68% 0	0 0.68% 0	0 0.68% 0	0 0.68% 0	0 0.68% 0	1,304,995 0.68% 8,874	520,299 0.68% 3,538	1,852,190 0.68% 12,595
V	MCP CARE ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 100.00% 0	0 100.00% 0	0 100.00% 0	0 100.00% 0	0 100.00% 0	0 100.00% 0	0 100.00% 0	(1,057) 100.00% (1,057)	45,289 100.00% 45,289	44,232 44,232
W	WORKMENS COMP ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 5.90% 0	1,074 5.90% 63	0 5.90% 0	0 5.90% 0	0 5.90% 0	0 5.90% 0	0 5.90% 0	451,341 5.90% 26,629	525,175 5.90% 30,985	977,590 5.90% 57,678
X	MANAGED MEDICAID ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 0.68% 0	2,921 0.68% 20	0 0.68% 0	0 0.68% 0	0 0.68% 0	0 0.68% 0	0 0.68% 0	149,702 0.68% 1,018	177,863 0.68% 1,209	330,486 0.68% 2,247
Y	KEYSTONE EAST ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 0.80% 0	17,316 0.80% 139	0 0.80% 0	0 0.80% 0	0 0.80% 0	0 0.80% 0	0 0.80% 0	573,941 0.80% 4,592	102,826 0.80% 823	694,083 0.80% 5,553
Z	CHARITY CARE ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 100.00% 0	(70) 100.00% (70)	0 100.00% 0	0 100.00% 0	0 100.00% 0	0 100.00% 0	0 100.00% 0	7,642 100.00% 7,642	2,559 100.00% 2,559	10,131 100.00% 10,131
***TOTAL OUTPATNT A/R BAL		0	132,985	0	0	0	0	0	7,523,945	4,078,039	11,734,969 ✓ 11,734,969
***TOTAL OUTPATNT REQ ALLOW		0	1,990	0	0	0	0	0	316,406	205,608	524,004 524,004
***RESERVE % OF A/R BAL		ERR	1.5%	ERR	ERR	ERR	ERR	ERR	4.2%	32.8%	4.5% 4.5%
Z	CHARITY CARE ALLOWANCE PERCENT REQUIRED ALLOWANCE	0 100.00% 0	(70) 100.00% (70)	0 100.00% 0	0 100.00% 0	0 100.00% 0	0 100.00% 0	0 100.00% 0	7,642 100.00% 7,642	2,559 100.00% 2,559	10,131 100.00% 10,131
***ADJ OUTPATNT A/R BAL		0	133,056	0	0	0	0	0	7,516,303	4,075,480	11,724,838 11,724,838
***ADJ OUTPATNT REQ ALLOW		0	2,081	0	0	0	0	0	308,764	203,049	513,873 513,873
***RESERVE % OF A/R BAL		ERR	1.5%	ERR	ERR	ERR	ERR	ERR	4.1%	32.8%	4.4% 4.4%

**ALLEGHENY UNIVERSITY HOSPITALS
ELKINS PARK
NET OUTPATIENT ACCOUNTS RECEIVABLE
For the Month of June 1986**

CODE	FINANCIAL CLASS	NOT BILLED									BILLED & UNBILLED TOTAL	BILLED TOTAL
			0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360		
OUTPATIENT TOTALS												
A	OTHER HMO	0	1,155	0	0	0	0	0	95,609	112,300	209,064	209,064
	REIMBURSEMENT %	73.00%	73.00%	73.00%	73.00%	73.00%	73.00%	73.00%	73.00%	73.00%		
	NET ACCTS RECEIVABLE	0	843	0	0	0	0	0	69,795	81,979	152,617	152,617
B	BLUE CROSS	0	13,979	0	0	0	0	0	0	1,022,863	416,119	1,452,962
	REIMBURSEMENT %	49.00%	49.00%	49.00%	49.00%	49.00%	49.00%	49.00%	49.00%	49.00%		
	NET ACCTS RECEIVABLE	0	6,850	0	0	0	0	0	501,203	203,898	711,951	711,951
C	CONTRACT PAYOR	0	0	0	0	0	0	0	0	3,070	2,005	5,075
	REIMBURSEMENT %	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%		
	NET ACCTS RECEIVABLE	0	0	0	0	0	0	0	0	2,303	1,504	3,806
D	CHLTAN TWSHP	0	0	0	0	0	0	0	0	1,184	3,217	4,401
	REIMBURSEMENT %	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%		
	NET ACCTS RECEIVABLE	0	0	0	0	0	0	0	0	142	386	528
E	HMO MATERNITY	0	0	0	0	0	0	0	0	0	0	0
	REIMBURSEMENT %	37.40%	37.40%	37.40%	37.40%	37.40%	37.40%	37.40%	37.40%	37.40%		
	NET ACCTS RECEIVABLE	0	0	0	0	0	0	0	0	0	0	0
F	HMO MC	0	0	0	0	0	0	0	0	0	0	0
	REIMBURSEMENT %	37.40%	37.40%	37.40%	37.40%	37.40%	37.40%	37.40%	37.40%	37.40%		
	NET ACCTS RECEIVABLE	0	0	0	0	0	0	0	0	0	0	0
G	NO FAULT	0	1,477	0	0	0	0	0	0	188,621	84,209	274,307
	REIMBURSEMENT %	47.00%	47.00%	47.00%	47.00%	47.00%	47.00%	47.00%	47.00%	47.00%		
	NET ACCTS RECEIVABLE	0	694	0	0	0	0	0	0	88,652	39,578	128,924
H	MEDICARE REHAB	0	422	0	0	0	0	0	0	0	997	1,419
	REIMBURSEMENT %	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%		
	NET ACCTS RECEIVABLE	0	295	0	0	0	0	0	0	0	698	993
J	BLUE CROSS P/C	0	11,946	0	0	0	0	0	0	595,140	94,042	701,128
	REIMBURSEMENT %	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		
	NET ACCTS RECEIVABLE	0	5,973	0	0	0	0	0	0	297,570	47,021	350,564
K	MEDICARE SNF	0	0	0	0	0	0	0	0	663	1,619	2,282
	REIMBURSEMENT %	28.10%	28.10%	28.10%	28.10%	28.10%	28.10%	28.10%	28.10%	28.10%		
	NET ACCTS RECEIVABLE	0	0	0	0	0	0	0	0	186	455	641

**ALLEGHENY UNIVERSITY HOSPITALS
ELKINS PARK
NET OUTPATIENT ACCOUNTS RECEIVABLE
For the Month of June 1996**

CODE	FINANCIAL CLASS	NOT BILLED	BILLED & UNBILLED									BILLED TOTAL
			0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360	TOTAL	
OUTPATIENT TOTALS												
L.	PENDING MA REIMBURSEMENT % NET ACCTS RECEIVABLE	0 11.00% 0	0 11.00% 0	0 11.00% 0	0 11.00% 0	0 11.00% 0	0 11.00% 0	0 11.00% 0	0 11.00% 0	646 11.00% 71	646 11.00% 71	646 11.00% 71
M	MEDICARE REIMBURSEMENT % NET ACCTS RECEIVABLE	0 28.00% 0	40,346 28.00% 11,297	0 28.00% 0	0 28.00% 0	0 28.00% 0	0 28.00% 0	0 28.00% 0	1,393,153 28.00% 390,063	802,222 28.00% 224,622	2,235,721 28.00% 626,002	2,235,721 28.00% 626,002
N	COMMERCIAL REIMBURSEMENT % NET ACCTS RECEIVABLE	0 82.00% 0	8,485 82.00% 6,957	0 82.00% 0	0 82.00% 0	0 82.00% 0	0 82.00% 0	0 82.00% 0	606,785 82.00% 497,564	285,942 82.00% 234,472	901,211 82.00% 738,993	901,211 82.00% 738,993
P	SELF PAY REIMBURSEMENT % NET ACCTS RECEIVABLE	0 83.00% 0	3,478 83.00% 2,887	0 83.00% 0	0 83.00% 0	0 83.00% 0	0 83.00% 0	0 83.00% 0	596,703 83.00% 495,263	248,964 83.00% 206,640	849,145 83.00% 704,790	849,145 83.00% 704,790
Q	BLUE CROSS CASH REIMBURSEMENT % NET ACCTS RECEIVABLE	0 55.00% 0	0 55.00% 0	0 55.00% 0	0 55.00% 0	0 55.00% 0	0 55.00% 0	0 55.00% 0	656 55.00% 361	209 55.00% 115	865 55.00% 475	865 55.00% 475
R	POLICE & FIRE REIMBURSEMENT % NET ACCTS RECEIVABLE	0 43.00% 0	0 43.00% 0	0 43.00% 0	0 43.00% 0	0 43.00% 0	0 43.00% 0	0 43.00% 0	256 43.00% 110	550,349 43.00% 236,650	550,605 43.00% 236,760	550,605 43.00% 236,760

**ALLEGHENY UNIVERSITY HOSPITALS
ELKINS PARK
NET OUTPATIENT ACCOUNTS RECEIVABLE
For the Month of June 1996**

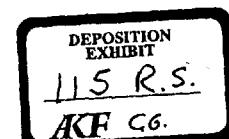
CODE	FINANCIAL CLASS	NOT BILLED										BILLED & UNBILLED TOTAL	BILLED TOTAL
			0-30	31-60	61-90	91-120	121-150	151-180	181-360	>360			
OUTPATIENT TOTALS													
S	DEL VAL HMO	0	0	0	0	0	0	0	0	0	0	0	0
	REIMBURSEMENT %	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%
	NET ACCTS RECEIVABLE	0	0	0	0	0	0	0	0	0	0	0	0
T	MEDICAL ASST	0	3,560	0	0	0	0	0	0	532,678	101,188	637,427	637,427
	REIMBURSEMENT %	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%
	NET ACCTS RECEIVABLE	0	534	0	0	0	0	0	79,902	15,178	95,614	95,614	95,614
U	HMO	0	26,896	0	0	0	0	0	0	1,304,995	520,299	1,852,190	1,852,190
	REIMBURSEMENT %	31.00%	31.00%	31.00%	31.00%	31.00%	31.00%	31.00%	31.00%	31.00%	31.00%	31.00%	31.00%
	NET ACCTS RECEIVABLE	0	8,338	0	0	0	0	0	0	404,548	161,293	574,179	574,179
V	MCP CARE	0	0	0	0	0	0	0	0	(1,057)	45,289	44,232	44,232
	REIMBURSEMENT %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	NET ACCTS RECEIVABLE	0	0	0	0	0	0	0	0	0	0	0	0
W	WORKMENS COMP	0	1,074	0	0	0	0	0	0	451,341	525,175	977,590	977,590
	REIMBURSEMENT %	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%
	NET ACCTS RECEIVABLE	0	558	0	0	0	0	0	0	234,697	273,091	508,347	508,347
X	MANAGED MEDICAID	0	2,921	0	0	0	0	0	0	149,702	177,863	330,486	330,486
	REIMBURSEMENT %	58.00%	58.00%	58.00%	58.00%	58.00%	58.00%	58.00%	58.00%	58.00%	58.00%	58.00%	58.00%
	NET ACCTS RECEIVABLE	0	1,694	0	0	0	0	0	0	86,827	103,160	191,682	191,682
Y	KEYSTONE EAST	0	17,316	0	0	0	0	0	0	573,941	102,826	694,083	694,083
	REIMBURSEMENT %	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%
	NET ACCTS RECEIVABLE	0	6,234	0	0	0	0	0	0	206,619	37,017	249,870	249,870
Z	CHARITY CARE	0	(70)	0	0	0	0	0	0	7,642	2,559	10,131	10,131
	REIMBURSEMENT %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	NET ACCTS RECEIVABLE	0	0	0	0	0	0	0	0	0	0	0	0
***TOTAL OUTPATNT A/R BAL		0	132,985	0	0	0	0	0	0	7,523,945	4,078,039	11,734,969	11,734,969
***TOTAL OUTPATNT NET A/R		0	53,155	0	0	0	0	0	0	3,355,824	1,867,829	5,276,809	5,276,809
***RESERVE % OF A/R BAL			40.0%							44.6%	45.8%	45.0%	45.0%

EXHIBIT 0115

ST.CHRISTOPHER'S HOSPITAL FOR CHILDREN
 PROVISION FOR BAD DEBT
 For the Month of June 1996

17-Jul-96
 03:17 PM

SUMMARY	PATCOM RESERVE	ADJUSTMENTS TO RESERVE	INVISION RESERVES	TOTAL REQUIRED	PER G/L	SURPLUS (DEFICIT)
ADJ INPATIENT REQ ALLOW	5,577,328	(350,000)	3,065,174	8,292,502	5,148,754	(3,143,748)
ADJ OUTPATIENT REQ ALLOW	78,492	0	1,456,285	1,534,777	3,524,059	1,989,282
TOTAL	5,655,820	(350,000)	4,521,459	9,827,279	8,672,813	(1,154,466)



ST CHRISTOPHERS HOSPITAL
ACCOUNTS RECEIVABLE AGING - INPATIENT
June 30, 1996

AGED FROM FINAL BILL DATE

CLASS	TOTAL	IH & DNFB (NET)	FINAL BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	5,670,133	602,862	2,045,989	886,998	442,158	791,645	486,169	391,640	22,682	0	0	0
B BLUE CROSS	1,809,016	252,280	800,597	340,213	291,127	53,874	26,484	23,765	20,676	0	0	0
C COMMERCIAL	2,063,659	720,132	466,061	651,434	178,256	4,818	26,385	614	15,858	0	0	0
D DIRECT CONTRACTING	98,654	0	42,548	56,106	0	0	0	0	0	0	0	0
F CHARITY CARE	200	0	0	200	0	0	0	0	0	0	0	0
H HMO	4,869,915	893,222	1,035,249	993,056	693,337	481,791	668,284	81,855	23,122	0	0	0
I PATIENT CONTRACTS	7,523	0	0	0	1,700	1,457	3,856	310	200	0	0	0
M MEDICARE	20,898	2,335	3,324	5,882	0	2,208	6,433	0	716	0	0	0
N MANAGED MA	7,314,189	1,002,852	2,075,778	1,369,041	991,952	1,081,817	238,951	438,062	115,737	0	0	0
P PPO-PREFERRED PROVIDER	2,103,032	398,336	277,456	381,255	318,708	209,296	293,375	149,704	74,904	0	0	0
U SELF PAY	2,007,501	76,200	377,693	255,307	555,645	176,982	291,767	231,785	42,124	0	0	0
W WORKERS COMP/NO FAULT	10,000	0	10,000	0	0	0	0	0	0	0	0	0
TOTAL	25,974,720	3,948,219	0	7,134,695	4,939,492	3,472,880	2,803,986	2,041,684	1,317,735	316,019	0	0

Additional Reserve on Billed Commercial:

Total gross billed commercial	1,343,527
Estimated contractuals at payment	20.00%
Additional reserve required	<u>268,705</u>

C:\ATB06.WK3

ST CHRISTOPHERS HOSPITAL
PATIENTS BAD DEBT RESERVE CALCULATION
Invoiced 30/1996

CLASS	TOTAL	INHOUSE & DNFB (NET)	FINAL BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	385+
MEDICAID	580,217	0	0	204,599	88,700	44,216	79,164	48,616	97,910	17,012	0	0
BLUE CROSS	49,022	0	0	0	6,804	14,556	2,894	6,621	5,941	12,406	0	0
COMMERCIAL***	41,803	5,761	0	3,728	15,634	8,556	393	3,166	123	4,440	0	0
DIRECT CONTRACTING	3,231	0	0	425	2,805	0	0	0	0	0	0	0
CHEATY CARE	200	0	0	0	200	0	0	0	0	0	0	0
HMO	392,131	0	0	0	49,653	69,334	72,268	167,071	24,557	9,249	0	0
PATIENT CONTRACTS	4,970	0	0	0	0	1,020	874	2,699	217	160	0	0
MEDICARE	1,224	0	0	0	118	0	177	643	0	286	0	0
MANAGED MA	567,371	0	0	0	68,452	89,195	162,273	59,738	131,419	46,295	0	0
PPO-PREFERRED PROVIDER	230,544	0	0	0	19,063	31,871	31,394	73,344	44,811	29,962	0	0
SELF PAY	1,194,361	38,100	0	188,846	127,653	333,387	106,189	204,237	162,250	33,699	0	0
WORKERS COMP/NO FAULT	100	0	0	100	0	0	0	0	0	0	0	0
REQUIRED RESERVE	3,065,174	43,861	0	397,699	379,082	602,135	455,427	566,135	467,327	153,508	0	0

Commercial reserve is calculated based on gross A/R less estimated contractual percentage [see gross A/R schedule.]

ST CHRISTOPHERS HOSPITAL
INPATIENT BAD DEBT RESERVE PERCENTAGES

CLASS	INHOUSE & DNFB	0-30/ FINAL BILLS	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	0%	10%	10%	10%	10%	10%	25%	75%	100%	100%
B BLUE CROSS	0%	0%	2%	5%	5%	25%	25%	60%	70%	70%
C COMMERCIAL	1%	1%	3%	6%	10%	15%	25%	35%	50%	75%
D DIRECT CONTRACTING	1%	1%	5%	10%	15%	20%	30%	50%	75%	75%
F CHARITY CARE	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
H HMO	0%	0%	5%	10%	15%	25%	30%	40%	50%	80%
I PATIENT CONTRACTS	50%	50%	50%	60%	60%	70%	70%	80%	90%	100%
M MEDICARE	0%	0%	2%	5%	8%	10%	20%	40%	60%	90%
N MANAGED MA	0%	0%	5%	10%	15%	25%	30%	40%	50%	90%
P PPO-PREFERRED PROVIDER	0%	0%	5%	10%	15%	25%	30%	40%	50%	90%
U SELF PAY	50%	50%	50%	60%	60%	70%	70%	80%	90%	100%
V WORKMEN'S COMP/NO FAULT	1%	1%	3%	6%	10%	15%	25%	35%	50%	75%

50ATR06 WK3

CHRISTOPHERS HOSPITAL
PATIENT ACCOUNTS RECEIVABLE - NET OF BAD DEBT RESERVES
June 30, 1996

CLASS	TOTAL	INHOUSE & DNFB (NET)	FINAL BILLED	0-30	31-60	61-90	91-120	121-150	151-180	181-270
MEDICAID	5,089,916	602,862	0	1,841,390	798,298	397,942	712,480	437,543	293,730	5,671
BLUE CROSS	1,759,993	252,280	0	800,597	333,409	276,571	51,180	19,863	17,824	8,270
COMMERCIAL	2,021,856	714,371	0	462,332	635,800	169,700	4,525	23,219	491	11,418
DIRECT CONTRACTING	95,424	0	0	42,123	53,301	0	0	0	0	0
CHARITY CARE	0	0	0	0	0	0	0	0	0	0
HMO	4,477,784	893,222	0	1,035,249	943,403	624,003	409,522	501,213	57,299	13,873
PATIENT CONTRACTS	2,553	0	0	0	0	680	583	1,157	93	40
MEDICARE	19,674	2,335	0	3,324	5,764	0	2,031	5,789	0	430
MANAGED MA	6,746,819	1,002,652	0	2,075,778	1,300,589	892,757	919,544	179,213	306,643	69,442
PPO-PREFERRED PROVIDER	1,872,488	398,336	0	277,456	362,193	286,835	177,901	220,032	104,793	44,942
SELF PAY	813,140	38,100	0	188,846	127,653	222,258	70,793	87,530	69,536	8,425
WORKERS COMP/NO FAULT	9,900	0	0	9,900	0	0	0	0	0	0
NET INPATIENT AVR	22,809,546	3,904,358	0	6,736,996	4,560,409	2,870,746	2,346,560	1,475,559	850,408	162,511

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ST CHRISTOPHERS HOSPITAL
OUTPATIENT A/R AGING - RECEIVABLES AT GROSS
June 30, 1996

AGED FROM LAST PAY DATE

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	2,617,164	1,303,055	480,517	277,243	64,161	228,892	149,580	113,715	0	0
B BLUE CROSS	537,087	242,376	78,072	53,251	61,016	49,335	25,997	26,485	0	555
C COMMERCIAL	788,179	260,139	202,201	107,843	98,129	45,448	32,503	42,730	0	1,185
D DIRECT CONTRACTING	7,028	6,373	(25,943)	10,364	6,905	1,081	7,311	937	0	0
F CHARITY CARE	15,372	0	2,649	2,538	288	260	7,489	2,146	0	0
H HMO	2,820,139	804,491	685,776	410,691	261,987	175,361	214,751	267,042	0	40
I PATIENT CONTRACTS	4,822	1,203	2,920	0	195	0	0	504	0	0
M MEDICARE	243,664	71,720	108,770	(13,158)	1,190	59,181	1,747	14,214	0	0
N MANAGED MA	3,095,219	930,522	777,859	617,183	334,236	213,525	98,501	123,569	0	(175)
P PPO-PREFERRED PROVIDER	838,917	295,824	120,861	105,919	114,638	92,929	55,148	53,598	0	0
U SELF PAY	1,003,307	121,521	149,971	195,881	256,592	160,337	69,128	49,877	0	0
W WORKERS COMP/NO FAULT	8,379	465	740	0	272	0	6,577	325	0	0
TOTAL	11,979,275	4,037,689	2,584,392	1,767,755	1,197,609	1,026,349	668,733	695,144	0	1,606

ST CHRISTOPHERS HOSPITAL
OUTPATIENT A/R AGING - NET OF ALLOWANCES
June 30, 1996

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	340,231	169,397	62,487	36,042	8,341	29,756	19,445	14,783	0	0
B BLUE CROSS	537,087	242,376	78,072	53,251	61,016	49,335	25,997	26,485	0	555
C COMMERCIAL	622,681	205,510	159,739	85,196	75,942	35,904	25,677	33,756	0	937
D DIRECT CONTRACTING	0	0	0	0	0	0	0	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	2,820,139	804,491	685,776	410,691	261,987	175,361	214,751	267,042	0	40
I PATIENT CONTRACTS	4,822	1,203	2,920	0	195	0	0	504	0	0
M MEDICARE	70,663	20,799	31,543	(3,816)	345	17,162	507	4,122	0	0
N MANAGED MA	3,095,219	930,522	777,659	617,183	334,236	213,525	98,501	123,569	0	(175)
P PPO-PREFERRED PROVIDER	838,917	295,824	120,861	105,919	114,638	92,929	55,148	53,598	0	0
U SELF PAY	1,003,307	121,521	149,971	195,881	256,592	160,337	69,128	49,877	0	0
W WORKERS COMP/NO FAULT	6,619	367	585	0	215	0	5,196	257	0	0
TOTAL	9,339,685	2,792,010	2,069,792	1,500,348	1,113,506	774,309	514,351	573,993	0	1,357

Total Outpatient A/R at gross
Less: O/P A/R net of estimated allowances

\$11,979,275
9,339,685

2,639,610

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OUTPATIENT
AS OF 6/30/96

CLASS	A/R AT GROSS	A/R NET OF ALLOWANCES	ALLOWANCE	
A MEDICAID	2,617,164	340,231	2,276,932	87.0%
B BLUE CROSS	537,087	537,087	0	
C COMMERCIAL	788,179	622,661	165,518	21.0%
D DIRECT CONTRACTING	7,028	0	7,028	100.0%
F CHARITY CARE	15,372	0	15,372	100.0%
H HMO	2,820,139	2,820,139	0	
I PATIENT CONTRACTS	4,822	4,822	0	
M MEDICARE	243,664	70,663	173,001	71.0%
N MANAGED MA	3,095,219	3,095,219	0	
P PPO-PREFERRED PROVIDER	838,917	838,917	0	
U SELF PAY	1,003,307	1,003,307	0	
W WORKERS COMP/NO FAULT	8,379	6,619	1,760	21.0%
	11,979,275	9,339,665	2,639,610	22.0%

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ST CHRISTOPHERS HOSPITAL
OUTPATIENT BAD DEBT RESERVE CALCULATION
June 30, 1996

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	46,549	16,940	6,247	3,604	834	2,976	4,861	11,087	0	0
B BLUE CROSS	42,387	0	1,561	2,663	3,051	12,334	6,499	15,891	0	389
C COMMERCIAL	43,876	2,055	4,792	5,112	7,594	5,386	6,419	11,815	0	703
D DIRECT CONTRACTING	0	0	0	0	0	0	0	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	329,774	0	34,289	41,069	39,298	43,840	64,425	106,817	0	36
I PATIENT CONTRACTS	2,582	602	1,460	0	117	0	0	403	0	0
M MEDICARE	3,934	0	631	(191)	28	1,716	101	1,649	0	0
N MANAGED MA	282,948	0	38,893	61,718	50,135	53,381	29,550	49,428	0	(158)
P PPO-PREFERRED PROVIDER	95,046	0	6,043	10,592	17,196	23,232	16,544	21,439	0	0
U SELF PAY	607,757	60,760	74,985	117,529	153,955	112,236	48,390	39,902	0	0
W WORKERS COMP/NO FAULT	1,432	4	18	0	21	0	1,299	80	0	0
REQUIRED RESERVE	1,456,285	80,360	168,919	242,096	272,229	255,101	178,090	258,520	0	969

ST CHRISTOPHERS HOSPITAL
OUTPATIENT BAD DEBT RESERVE PERCENTAGES

CLASS	0-30	31-60	61-90	91-120	121-150	151-180	181-210	211-270	365+
A MEDICAID	10%	10%	10%	10%	10%	25%	75%	100%	100%
B BLUE CROSS	0%	2%	5%	5%	25%	25%	60%	70%	70%
C COMMERCIAL	1%	3%	6%	10%	15%	25%	35%	50%	75%
D DIRECT CONTRACTING	1%	5%	10%	15%	20%	30%	50%	75%	75%
F CHARITY CARE	100%	100%	100%	100%	100%	100%	100%	100%	100%
H HMO	0%	5%	10%	15%	25%	30%	40%	50%	90%
I PATIENT CONTRACTS	50%	50%	60%	60%	70%	70%	80%	90%	100%
M MEDICARE	0%	2%	5%	8%	10%	20%	40%	60%	90%
N MANAGED MA	0%	5%	10%	15%	25%	30%	40%	50%	90%
P PPO-PREFERRED PROVIDER	0%	5%	10%	15%	25%	30%	40%	50%	90%
U SELF PAY	50%	50%	60%	60%	70%	70%	80%	90%	100%
W WORKERS COMP/NO FAULT	1%	3%	6%	10%	15%	25%	35%	50%	75%

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ST. CHRISTOPHERS HOSPITAL
 PERCENTAGES APPLIED TO DETERMINE OUTPATIENT NET A/R
 [FOR CONTRACTUAL ALLOWANCES NOT TAKEN AT TIME OF BILLING]

FINANCIAL CLASS	% AVERAGE REIMBURSEMENT	COMMENTS
A	13.00%	
B	100.00%	
C	79.00%	
D	0.00%	
F	0.00% (1)	commercial A/R valued at 100% when billed; actual experience has been an 80% collection average.
H	100.00%	
I	100.00%	
M	29.00%	
N	100.00%	
P	100.00%	
U	100.00%	
W	79.00%	

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ST CHRISTOPHERS HOSPITAL
 OUTPATIENT ACCOUNTS RECEIVABLE - NET OF BAD DEBT RESERVES
 June 30, 1996

CLASS	TOTAL	0-30	31-60	61-90	91-120	121-150	151-180	181-270	271-365	365+
A MEDICAID	293,682	152,457	56,221	32,437	7,507	26,780	14,584	3,696	0	0
B BLUE CROSS	494,700	242,376	76,511	50,589	57,965	37,001	19,498	10,594	0	167
C COMMERCIAL	578,786	203,455	154,946	80,085	68,348	30,518	19,258	21,942	0	234
D DIRECT CONTRACTING	0	0	0	0	0	0	0	0	0	0
F CHARITY CARE	0	0	0	0	0	0	0	0	0	0
H HMO	2,490,364	804,491	651,487	369,622	222,689	131,521	150,326	160,225	0	4
I PATIENT CONTRACTS	2,240	602	1,460	0	78	0	0	101	0	0
M MEDICARE	66,728	20,799	30,912	(3,625)	318	15,446	405	2,473	0	0
N MANAGED MA	2,812,271	930,522	738,966	555,465	284,100	160,144	68,950	74,141	0	(18)
P PPO-PREFERRED PROVIDER	743,870	295,824	114,818	95,327	97,442	69,697	38,604	32,159	0	0
U SELF PAY	395,550	60,760	74,985	78,353	102,637	48,101	20,738	9,975	0	0
W WORKERS COMP/NO FAULT	5,168	363	567	0	193	0	3,897	167	0	0
NET OUTPATIENT A/R	7,883,380	2,711,649	1,900,874	1,258,252	841,277	510,208	336,261	315,473	0	387

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